

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G788		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/09/2011	
NAME OF PROVIDER OR SUPPLIER  AWS				STREET ADDRESS, CITY, STATE, ZIP CODE 3512 ROSEWOOD DRIVE FORT WAYNE, IN46804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: September 7, 8, and 9, 2011.</p> <p>Facility number: 012484 Provider number: 15G788 AIM number: 201011390A</p> <p>Surveyors: Kathy Wanner, Medical Surveyor III-Team Leader Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/16/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to establish a system for payment of client liability, for those clients whom the facility was representative payee which enabled the clients to pay their liability without requiring the clients to pay a money order or cashier's check fee for 3 of 4 sampled clients (clients #2, #3, and #4).</p>			W0104	<p>W 104 POC- AWS does not require the clients to pay fees, they are charged by the bank as account fees. AWS has informed all guardians and clients of the bank fees associated with their banks accounts at the time they chose AWS to become their Representative Payee. AWS</p>		10/09/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>The financial record for client #2 was reviewed on 9/8/11 at 3:50 P.M. and indicated the following: On 6/27/11 client #2 paid an \$8.00 fee for a cashier's check to pay her client liability. On 7/26/11 client #2 paid a \$4.00 fee for a money order to pay her client liability. The bank statement for client #2 indicated the name on the bank account was in the name of client #2 and the facility.</p> <p>Client #2's financial record indicated the following financial agreement dated 11/12/10: "I give [name of facility] staff the right to open maintain, and close accounts at [name of bank] according to the bank's Consumer Account Agreement. I also understand and agree to the condition that the signatures of the designated [name of facility] staff representatives are the only authorized signors for my checking and/or savings accounts that will be accepted by my financial institution."</p> <p>The financial record for client #3 was reviewed on 9/8/11 at 3:50 P.M. and indicated the following: On 6/27/11 client #3 paid an \$8.00 fee for a cashier's check to pay his client liability. On 7/26/11 client #3 paid a \$4.00 fee for a money order to pay his client liability. The bank statement for client #3 indicated the name on the bank account was in the name of client #3 and the facility.</p> <p>Client #3's financial record indicated the following financial agreement dated 11/12/10: "I give [name of facility] staff the right to open maintain, and close accounts at [name of bank] according to the bank's Consumer Account Agreement. I also understand and agree to the condition that the</p>				<p>does not maintain bank accounts for any consumer who we are not representative payee for. A form will be mailed to all consumers and their guardians who have chosen AWS to be their Social Security Representative Payee about their bank fees. This will be signed and returned as proof that they have been informed and agree to the payment of bank fees that will be associated with their account and that AWS will make every effort to minimize fees while providing maximum account security. The Residential Director will maintain all forms and make certain they are in the financial section of the clients file for review.</p>		

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	<p>signatures of the designated [name of facility] staff representatives are the only authorized signors for my checking and/or savings accounts that will be accepted by my financial institution."</p> <p>The financial record for client #4 was reviewed on 9/8/11 at 3:50 P.M. and indicated the following: On 6/27/11 client #4 paid an \$8.00 fee for a cashier's check to pay his client liability. On 7/26/11 client #4 paid a \$4.00 fee for a money order to pay his client liability. The bank statement for client #4 indicated the name on the bank account was in the name of client #4 and the facility.</p> <p>Client #4's financial record indicated the following financial agreement dated 11/12/10: "I give [name of facility] staff the right to open maintain, and close accounts at [name of bank] according to the bank's Consumer Account Agreement. I also understand and agree to the condition that the signatures of the designated [name of facility] staff representatives are the only authorized signors for my checking and/or savings accounts that will be accepted by my financial institution."</p> <p>The Area Regional Residential Director (ARRD) was interviewed on 9/7/11 at 12:00 P.M.. When asked about the clients paying fees for money orders and cashier's checks to pay their liability payments, the ARRD stated, "It is a bank fee. The client accounts are set up according to federal regulations."</p> <p>1.1-3-1(a)</p>						

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W0368	<p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #3) to follow his physician's order.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 9/7/11 at 3:40 PM and indicated the following for client #3:</p> <p>-a report dated 6/4/11 indicated client #3 was taken to the ER (emergency room) for an infected finger upon the advice of his physician. At the ER, client #3's finger was lanced and drained, and he was given an order for Keflex (antibiotic) 500mg (milligrams) 4 times per day for 10 days.</p> <p>-a report dated 6/15/11 indicated client #3 received Keflex 3 times per day at the group home, but it was discovered by the nurse that client #3's medication had not been delivered to the workshop for him to receive in the afternoon.</p> <p>Client #3's record was reviewed on 9/8/11 at 4:30 P.M.. His MAR (medication administration record) for 6/11 indicated he was to receive Keflex 500 mg 4 times daily. A prescription dated 6/15/11 indicated client #3 was to "resume the Keflex- the days he missed is not life threatening."</p> <p>The group home nurse was interviewed on 9/8/11 at 5:25 PM and indicated client #3 was to have received the medication 4 times a day and the staff had been retrained on medication procedures.</p>			W0368	<p>W368- All staff have been re-trained on the Medication Administration Policy including the administration of medications by following physicians orders. The QMRP and Manager are conducting observations of medication passes with each staff member of the home and will complete spot checks thereafter. This will be documented on a Medication Observation and be submitted to the Residential Director for review and to monitor compliance.</p>		10/09/2011

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